

CLINICAL HISTORY AND AUTOPSY OF A CASE
OF GENERAL PARESIS OF NINE YEARS'
DURATION.

From the Clinical Records of the Bloomingdale Asylum, New York.

By WILLIAM NOYES, M. D.,

Second Assistant Physician.

PATIENT, Mr. J., admitted to Bloomingdale Asylum, April 21, 1878; age, thirty-six; born in Germany; married; natural disposition amiable; sanguine and enthusiastic; good intellect; common school education; his habits were temperate and regular; smoked, but did not drink; had had syphilis; no hereditary taint known; first attack; patient had been a successful business man, but failed about a year before admission, and then set to work earnestly to retrieve his fortunes; about the first of July, 1877, he began to be dictatorial and irritable, entertained extravagant delusions, and made foolish and lavish purchases; these symptoms became more marked, and he grew boisterous and indecent in language and manifested great sexual excitement.

About September 1st his articulation was noticed to be impaired. On September 7th he was sent to a small private institution near New York, where he remained until March 1, 1878, and was then taken home on trial, but gave much trouble. Has gained flesh markedly of late. On admission to Bloomingdale he showed tremulousness of extremities, unequal and dilated pupils, marked difficulty in articulation, and characteristic feeling of satisfaction and health.

May 4th.—Became confused mentally, so that he did not appreciate where he was; thought his wife somewhere near him; was noisy, shouting and pounding on his door; thinks he lacks various organs, and asks the attendants to

bring a new heart, lungs, and brain ; power of articulation seems less impaired ; pupils widely dilated, unequal, irregular, and very changeable in size.

May 9th.—Condition but little changed ; eats well, and is in good physical condition ; frequently disarranges and tears his clothing ; is excited by presence of others ; much of the time repeats in Hebrew what seems to be a religious chant, accompanying it with stately gestures, and seems to see beautiful and grand visions ; masturbates considerably.

July 16th.—His dementia has increased very decidedly recently ; rubs his head a great deal or strikes it, sometimes violently, as though it caused him great discomfort ; no physical symptoms of localized cerebral lesion can be detected.

August 20th.—About ten days since, during a period of unusual excitement, in which he beat his head a great deal, a hæmatoma formed in the upper portion of each ear ; often very noisy and destructive of clothing.

November 12th.—There has been a slight abatement of excitement during the past three weeks ; occasionally will be quiet and seem interested in reading, but at times is as excited and boisterous as ever.

January 21, 1879.—Slight gradual mental and physical failure, but not marked ; paretic symptoms have not increased.

May 12th.—Little change ; no advance of paretic symptoms ; is more demented, but slightly less violent in excitement ; general physical condition good ; often untidy, and somewhat destructive ; often beats his head violently and rubs it.

August 18th.—No change except gradual failure, mental and physical ; excitement less active ; has insatiable thirst, and will drink great quantities of water, even his own urine, if allowed.

December 28th.—Is very greatly demented ; very untidy ; if questioned or spoken to, answers with a grunt.

June 19, 1880.—More demented and untidy, otherwise unchanged.

August 30th.—Very stout and quite muscular ; nervous symptoms do not appear to progress.

December 21st.—Remains without apparent change, mentally or physically.

February 7, 1881.—Continues very untidy ; when spoken to, answers with a succession of grunts.

February 6, 1882.—Walks about the hall carrying a small music-box, for which he displays a remarkable affection ; unable to speak ; eats well, but is occasionally restless at night.

May 1st.—Body well nourished ; does not speak ; keeps his mouth very tightly closed, and has worn his teeth very much by incessant grinding.

September 27th.—Continues to gain in weight.

October 7th.—Does not speak, and appears unable to do so, but expresses his likes and dislikes by signs ; is much attached to his music-box, and shows marked delight when it is wound up and begins playing.

November 30th.—Eats with apparent enjoyment ; continues to take great interest in the music-box, and is entirely contented when it is playing ; uses it for a head-rest.

1883.—Condition unchanged.

November, 1884.—Never speaks, but still enjoys his music-box.

March 9, 1885.—Has begun again his old habit of slapping his head and face ; eats and drinks voraciously, if permitted.

June 24th.—Is growing weaker ; this morning fell down a flight of stairs, falling about three feet, but with no serious injury.

August 28th.—Ataxia has increased so much that he cannot rise from his bed or from the floor if he falls, but is still able to walk if placed on his feet.

September 3d.—Grows more unsteady on his feet, and now lies down most of the time.

September 15th.—Became much excited ; got up during the night and came out of his room several times.

September 16th.—Is very helpless, and cannot rise from his bed or from the couch that he occupies in the yard.

October 26th.—Swallowed a horse-chestnut given him by another patient ; the body was extracted in time to prevent the patient from choking, but he had become much cyanosed.

March, 1886.—But little change during the winter except a gradually progressive weakness ; not yet confined to bed, but sits up in an easy-chair.

April 8th.—Had a convulsive attack this morning ; his eyes and mouth twitched considerably ; the attack passed off without any serious disturbances.

April 9th.—No return of the convulsion, and is apparently as well as usual.

April 10th.—Face twitched somewhat at midnight, but as well as usual in the morning.

April 13th.—Slight twitching of left side.

April 15th.—Somewhat tremulous, but no further signs of a convulsion.

April 16th.—Temperature of 101.2° at night, and 100° in the morning ; no cause apparent.

April 21st.—Sitting up for the first time in several days.

April 23d.—Slight twitching of right side of face.

April 24th.—Twitching somewhat increased.

April 25th.—Twitching has ceased.

April 27th.—Slight twitching of face again.

May 5th.—Slight twitching of face again.

May 8th.—Right leg twitching somewhat.

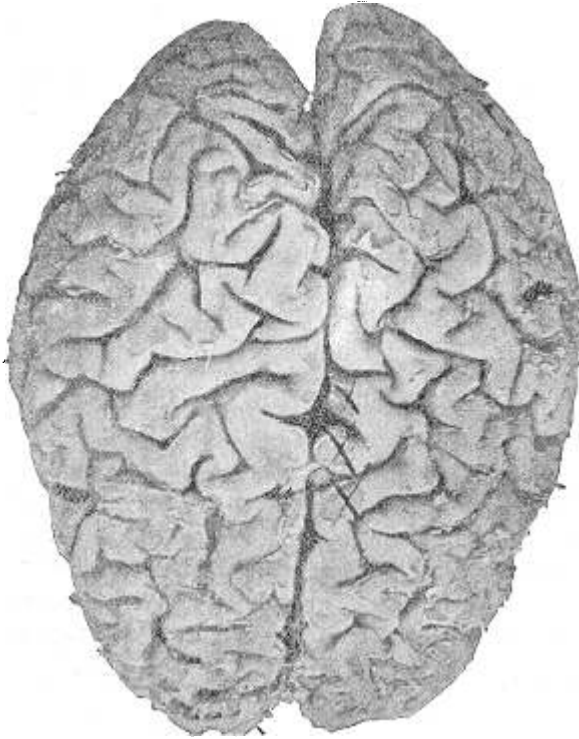
May 13th.—Had a convulsive attack at 9 P. M., with general twitching until morning ; temperature, 103° at 2 A. M. ; twitching had ceased by morning of May 14th.

May 15th.—Twitching continued through last night, and a few convulsions toward morning ; is weaker than at any time before. (Mustard sinapisms were applied to his abdomen during the convulsive attacks, and injections of morphia were given when demanded by the severity of the twitchings.)

May 16th.—Continued about the same through the day ; dry cups to his spine and neck in the afternoon and mustard to his abdomen ; appeared about the same at 5.15 P. M., but died suddenly at 5.30 P. M.

Autopsy, May 17, 1886, in presence of Dr. Sanger Brown, first assistant physician, and Dr. B. Sachs.

Body greatly emaciated. No anomalies of head or trunk. Thoracic organs normal, except a small amount of hypostatic pneumonia in lower lobe of right lung. Head well formed. Skull of ordinary thickness. Dura mater thickened and opaque. Pia mater thickened and firm, and adherent to surface of brain, especially over the frontal lobes.



View of upper surface of the brain.

The convolutions, after the removal of the pia, presented in a high degree the typical "worm-eaten" appearance of paresis. The convolutions were markedly atrophied and shrunken, and the sulci wide and gaping.

The accompanying photographs were taken after the brain had been hardened thoroughly in Müller's fluid, and show all these characteristics. In a few places on the top

of the brain the cortex was torn a little mechanically in the manipulation of photographing, on account of the extreme brittleness after the prolonged hardening ; these spots on the superior and occipital portions of the brain are easily



Lateral view of right hemisphere.

distinguishable from the "worm-eaten" portions of the frontal lobes, where the tearing of the cortex was due to the adherent pia. Microscopic examination will be reported later.



Lateral view of left hemisphere.

Regarding the clinical history of the case, it will be noted that the disease pursued an unusually quiet course ; dementia came on early, and there were no attacks of violence. There were also no congestive attacks until shortly before death, and these were of a mild character.

Mendel, in his "*Die progressive Paralyse der Irren*" edition of 1880, p. 270), found from his observations four cases of from eight to ten years' duration, and one case of sixteen years' duration, the latter of the ascending type.